least, the hospital institution were caught up in this cross-current and what is now seen as the birth of modern medical ethics was in large measure an attempt to come to terms with these tensions. On the one hand, the hospital was clearly becoming a much more 'public' and, as we now conceive of it, 'social' institution. Yet people at the time had to deal with it in terms of the conceptual categories available to them. This is reflected in the sermonizing message of the younger Percival. Turning his 'few words of exhortation' from the medical faculty to the superintendents and officers of the Liverpool Infirmary, he explained:

> Numerous are the sufferers under sickness and poverty, to whom your hospitable doors may be opened, with the highest moral benefit to themselves and the community. When admitted within these walls, they form one great family, of which you are the heads, and consequently responsible for all due attention to their present behaviour, and the means of their future improvement.'[130]

The officers of the hospital were *in loco parentis* with responsibility for the overall physical and moral welfare of the patients who, by implication, were like children and servants. Furthermore, the replacement heads of families also had to consider that 'the visitation of sickness is a wise and kind dispensation of Providence, intended to humble, to refine, and to meliorate the heart'.[131] Accordingly, sickness was a 'salutary influence', which in turn provided the relatives and friends of the sufferer with golden opportunities for exercising those duties which form the groundwork of all 'domestic virtue and domestic felicity'. This must not be frustrated by the hospital, and the family must be encouraged to participate in the recovery of patients. Furthermore, patients whose illness with a little medical help could be cured at home should be left there, so as not to interfere unnecessarily with the providential scheme of things. It was from the sphere of domesticity, according to Percival and many contemporaries, that virtue originated. Domestic virtue was the basis for social virtue, and the hospital should be wary of breaking this tie.

The younger Percival had no occasion to address the hospital patients but, as we have just seen, they had a clear moral place in the scheme of things. Illness was a visitation providentially provided for, and being sick was in itself an office in life with duties as well as rights. Percival senior explained that while these were different from those pertaining to the 'active' offices of life they were equally essential to the development of an individual's moral and religious character:

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> where is a school to be found, like the chamber of sickness for meekness, patience, resignation, gratitude, and devout trust in God? There pride is humbled; the angry passions subside; animosities cease; and the vanities of the world lose their bewitching attractions. False associations are there corrected; true estimates are formed; and whilst the *passive virtues* are cultivated in the suffering individual, all who minister to him have their best dispositions exercised, and improved.[132]

This vision of the hospital as a finishing school for the Pauline virtues had as its corollary the idealized Christian-Stoic death. The 'good death' was a demonstration of passive resignation as well as the exercise of one's final duty to family and friends.

The invocation of the family as the model for the hospital and the suggestion that hospitalization was an extension of domestic life was not a form of unthinking traditionalism and it had an important justificatory stratagem. Because the medical profession was always suspected of Faustian interference in the providential scheme of life, it was important for those concerned with the morals of medicine to show that the activities and institutions of the profession had a special role in the divine plan. Yet, to many contemporaries, this seemed to be in conflict with the aspirations of medicine as a science to be able to interfere more and more effectively in the course of nature. The seriousness of the conflict between religion and *science* can only be understood if we appreciate just how ingrained was the providentialist way of thinking about health and sickness. Percival's mode of expression in the following passage is typical:

> Health, as consisting in the soundness and vigour of the bodily organs, and in their complete aptitude for exertion and enjoyment, is doubtless of inestimable consideration. But the occasional suspension of this blessing may be necessary to obviate the abuses to which it is liable; to evince its high value; to remedy the injuries it may have sustained; and to insure its future more permanent duration. A strong constitution is too often made subservient to sensuality, ebriety, and other licentious indulgencies, which, if not seasonably interrupted by the experience of *consequential suffering*, would prove destructive to the animal œconomy, and bring on premature decripetude [*sic*] or death.

Percival did, however, acknowledge that sickness was not always beneficial and that it was 'obstructive of those *active offices*, which, in his present sphere, man is called upon to perform'.[133]

Just as, in a modern view, pain is a 'warning' of impending harm